

10152890

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4	1					
5		1				
6						
7						
8						
9						
10						
11						
12						
13	1					
14		1				
15			1			
16				1		
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27			1			
28						
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46						
47						
48						
49						
50						
TOTAL IND.	3	↓	2	↓		↓
TOTAL DEP.	11	←	10	←		←
TOTAL CLAIMS	14		14			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						